



PRIMARY CHILDREN'S MEDICAL CENTER  
*A Service of Intermountain Health Care*



## INDIAN HEALTH SERVICE CHILD ABUSE PROJECT

### CASE SPECIFIC STATISTICAL DATA

Please complete the following information about your practice site **for all medical examinations performed regardless of the presence or absence of findings for age 18 and under. ALL CASE DATA FORMS DUE AT THE END OF APRIL 2006 FOR YEAR 1 AND APRIL 2007 FOR YEAR 2.**

Medical Provider: \_\_\_\_\_

Site/facility: \_\_\_\_\_

- Victim date of birth \_\_\_\_\_ Ethnicity \_\_\_\_\_
- Type of contact/abuse (physical, sexual, medical neglect, emotional abuse)  
\_\_\_\_\_
- Date of contact/abuse \_\_\_\_\_
- Referring agency \_\_\_\_\_
- Perpetrator age \_\_\_\_\_ Sex \_\_\_\_\_
- Perpetrator relationship to victim \_\_\_\_\_
- Medical examination findings \_\_\_\_\_  
\_\_\_\_\_
- Specimens collected/lab tests ordered \_\_\_\_\_  
\_\_\_\_\_
- Status of case in the legal system \_\_\_\_\_  
\_\_\_\_\_
- Was the alleged perpetrator arrested \_\_\_\_\_

Please mail (or e-mail) this form as soon as possible after all data is collected to:

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